

Health Promoter/Case Manager Name _____

Client Name _____ DOB _____

This is an optional form
that may be helpful when
registering clients.



Outreach-Screening Protocol

1. Verify that the individual/family meets the farmwork and income guidelines for KSFHP eligibility.
2. Assist family in completing the KSFHP registration.
3. Assist family in completing HealthWave application if U.S. born or U.S. resident (of more than five years) children are uninsured.
4. Help individual/families identify a medical home (Access Point/Primary Care Provider).
5. Does the family know where to go if the medical home is closed?
6. Check each individual family member for annual check-up (well child, well woman, well man).
7. Check for immunization status (see immunization attached) especially for the following.
 - <37 mos Recommended Vaccines
 - <13 yrs Recommended Vaccines
 - Adult Annual Influenza
 - Adult Pneumonia
8. Do any of the family members have any health related issues that need to be addressed? Document them and refer to the regional case manager or health promoter.
9. Make sure the family knows how to contact their regional case manager or health promoter if they have a concern or question.

Family Member Name	DOB	Annual Check-Up	Immunizations	Health Issue to Follow up